Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036372
STATE FILE NUMBER

FILED OCT 29 1958 Registration District No. 149 Primary Registration District No. 100 Registrar's No. 4781

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): KANSAS CITY — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): VA HOSPITAL — Length of stay in 1b: 93 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS b. COUNTY: WYANDOTTE
c. CITY OR TOWN: KANSAS CITY — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 600 STINE AVE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: SAMUEL Middle: ERVIN Last: FOSTER

4. DATE OF DEATH: Month: OCTOBER Day: 8 Year: 1958

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]
8. DATE OF BIRTH: 4-7-95
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FLOUR PACKER
10b. KIND OF BUSINESS OR INDUSTRY: FLOUR MILL
11. BIRTHPLACE (City and state or country): WARSAW, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: SAM MURPHY FOSTER
13b. MOTHER'S MAIDEN NAME: MINNIE FOSTER
14. NAME OF HUSBAND OR WIFE: ETHEL FOSTER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 510-07-7071
17. INFORMANT: Official records VA Hospital, K.C., Mo. Address:

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Asphyxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Bronchial Hemorrhage
DUE TO (c): Broncial Carcinoma, L. U. L.
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 7, 1958, to Oct 8, 1958 and last saw him alive on
Death occurred at 5:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. S. Turner (Degree or title): J. S. TURNER, M.D.
22b. ADDRESS: VA HOSPITAL, K.C., MO.
22c. DATE SIGNED: 10-9-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: Oct. 11-1958
23c. NAME OF CEMETERY OR CREMATORY: Chapel Hills Cemetery
23d. LOCATION (City, town, or county) (State): Bethel, Kansas

24. FUNERAL DIRECTOR: Jos. A. Butler's Sons, K.C.K. ADDRESS:
25. DATE RECD. BY LOCAL REG.: 10-10-58
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. ..... working under my personal supervision.

Student ..... Signed .....

Signature of Student Embalmer

Licensed Embalmer No. 3426 Missou

P. O. Address Kansas City 2, Kar

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.